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**REISSUE PATENT APPLICATION TRANSMITTAL**

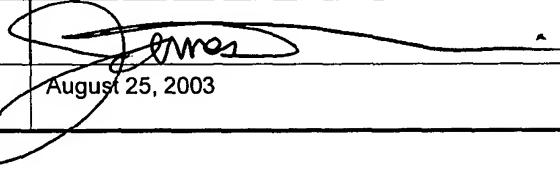
<p>Address to:</p> <p><b>Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</b></p>	<i>Attorney Docket No.</i>	<b>S01022.81084</b>
	<i>First Named Inventor or Application Identifier</i>	Jean NICOLAI et al.
	<i>Original Patent Number</i>	<b>5,986,417</b>
	<i>Original Patent Issue Date (Month/Day/Year)</i>	November 16, 1999
	<i>Express Mail Label No.</i>	<b>EV 292 548 480 US</b>
<p><b>APPLICATION FOR REISSUE OF:</b> <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent</p>		
<p><b>APPLICATION ELEMENTS (37CFR 1.173)</b></p>		<p><b>ACCOMPANYING APPLICATION PARTS</b></p>
<p>1. <input type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)</p> <p>5. <input type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. §1.175) (PTO/SB/51 or 52)</p> <p>6. <input type="checkbox"/> Power Of Attorney</p> <p>7. Original U.S. Patent currently assigned <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))   <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)   <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement (PTO/SB/96)</p> <p>8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or larger table</p> <p>9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)</p> <p>  a. <input type="checkbox"/> Computer Readable Form (CFR)</p> <p>  b. Specification Sequence Listing on:</p> <p>    i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or</p> <p>    ii. <input type="checkbox"/> paper</p> <p>  c. Statements verifying identity of above copies</p>		<p>10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c)</p> <p>11. <input type="checkbox"/> Original U.S. Patent for surrender</p> <p>  a. <input type="checkbox"/> Ribboned Original Patent Grant</p> <p>  b. <input type="checkbox"/> Statement of Loss (PTO/SB/55)</p> <p>12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)</p> <p>13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449   <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)</p> <p>15. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>17. <input type="checkbox"/> Other _____ _____ _____</p>

18. CORRESPONDENCE ADDRESS

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CUSTOMER NUMBER: **23628**

19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	James H. Morris, Reg. No. 34,681
SIGNATURE	
DATE	August 25, 2003